# IN-SERVICE MANUAL

## Century CC® Bed

From Hill-Rom®

# TABLE OF CONTENTS


**FEATURES**.....1
**DIMENSIONS**.....1
**BED CONTROLS**
Hi-Lo.....2
Head With Automatic Contour.....2
Head Only.....2
Knee.....3
Trendelenburg/Reverse Trendelenburg.....3
Vascular.....3
Cardiac Chair.....3
Electric Control Lockouts.....3
**FEATURES**
Siderails.....4
Central Brake and Steer.....4
Permanent IV Pole.....4
Instant CPR.....5
Headboard Removal.....5
Convertible Footboard.....5
C-arm Interfacing.....6
Other Features.....6
**OPTIONS**
Integrated Air Support System.....7
SideCom® Communication System.....7
Low Leakage.....7
Scale.....8–9
**ACCESSORIES**
$O_2$ Tank Holder.....9
X-Ray Cassette Holder.....10–11
ISS System.....12
Transducer Holder.....12
IV Pole.....12
Trapeze Support Bracket.....12
Cane Bumpers.....12
Siderail Pads.....12
Chartholder.....12
**CLEANING/REMOVAL OF DYNAMICAIRE™ SLEEP SURFACE**.....13
**SAFETY TIPS**.....Back Cover


**NOTE** An In-Service videotape is available. Contact your Hill-Rom representative or call 1-800-445-3720.

**FOR SPECIAL ASSISTANCE:**

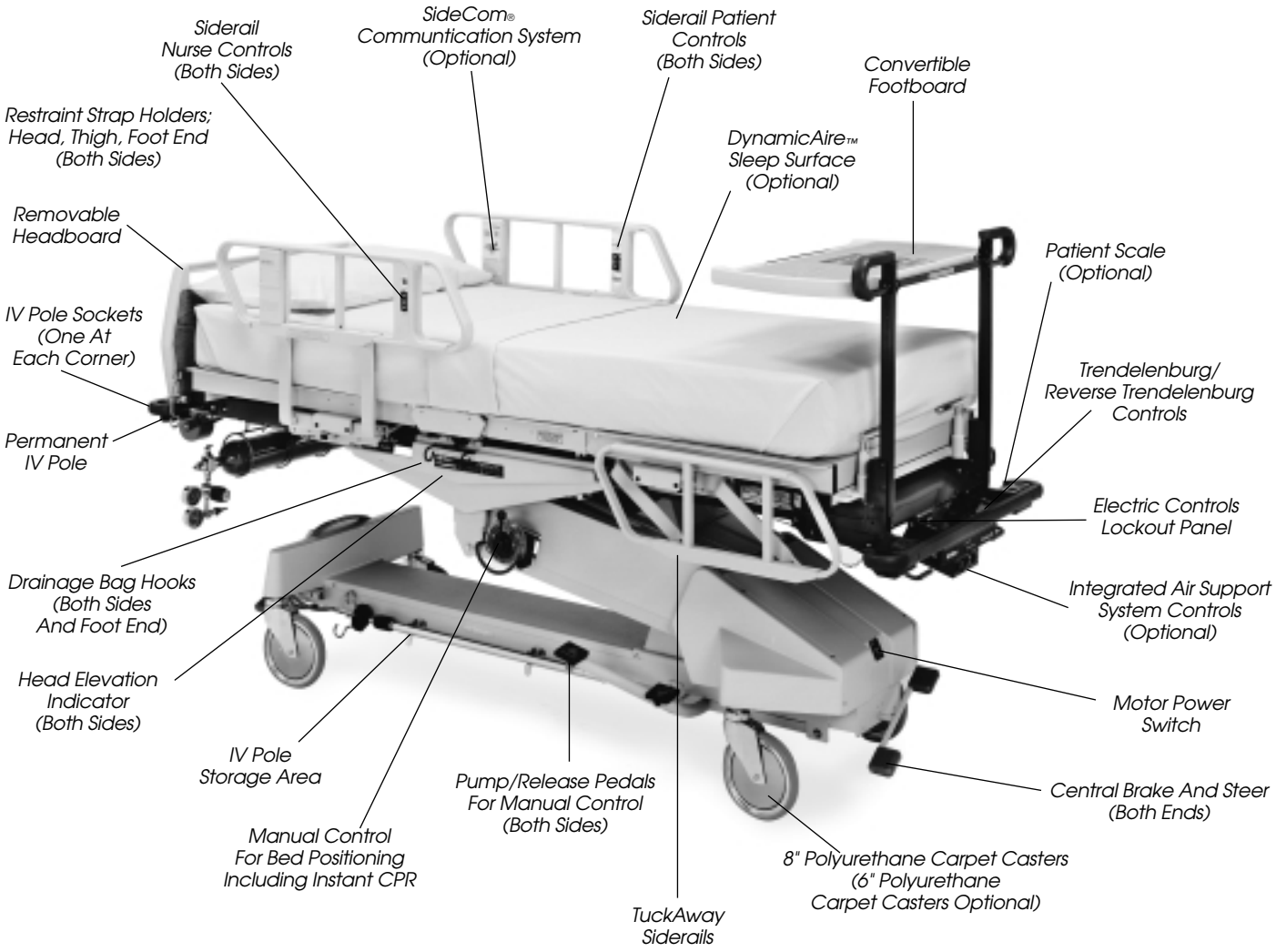
Hill-Rom Account Manager _____ Phone _____

Clinical Consultant _____ Phone _____

Field Service Technician _____ Phone _____

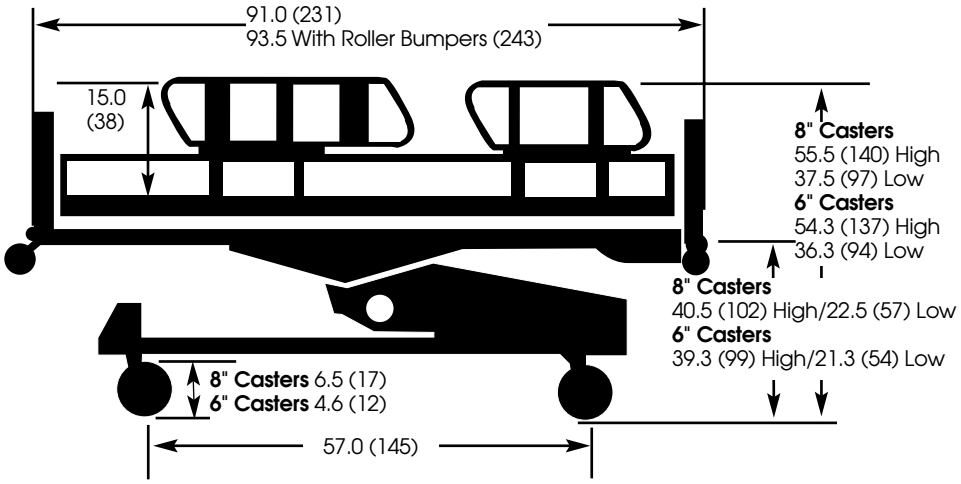
Customer Service Representative _____ Phone _____

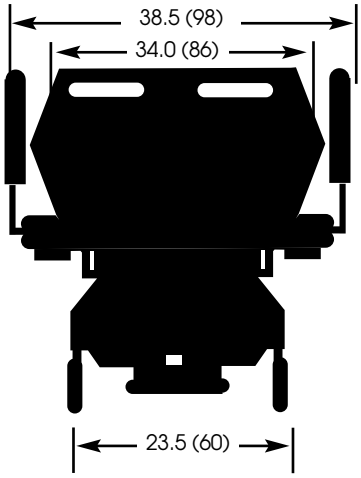
# FEATURES


Siderail Nurse Controls (Both Sides)
SideCom® Communtication System (Optional)
Siderail Patient Controls (Both Sides)
Convertible Footboard
Restraint Strap Holders; Head, Thigh, Foot End (Both Sides)
DynamicAire™ Sleep Surface (Optional)
Removable Headboard
Patient Scale (Optional)
IV Pole Sockets (One At Each Corner)
Trendelenburg/ Reverse Trendelenburg Controls
Permanent IV Pole
Electric Controls Lockout Panel
Drainage Bag Hooks (Both Sides And Foot End)
Integrated Air Support System Controls (Optional)
Head Elevation Indicator (Both Sides)
Motor Power Switch
IV Pole Storage Area
Pump/Release Pedals For Manual Control (Both Sides)
Central Brake And Steer (Both Ends)
Manual Control For Bed Positioning Including Instant CPR
8" Polyurethane Carpet Casters (6" Polyurethane Carpet Casters Optional)
TuckAway Siderails

# DIMENSIONS

Measurements: Inches (centimeters)



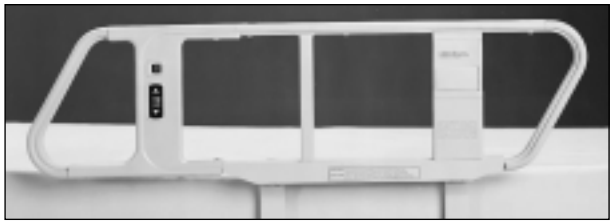



# BED CONTROLS

**Introduction:** The Century CC Bed is designed to use electric and/or manual controls.

**ELECTRIC CONTROLS**

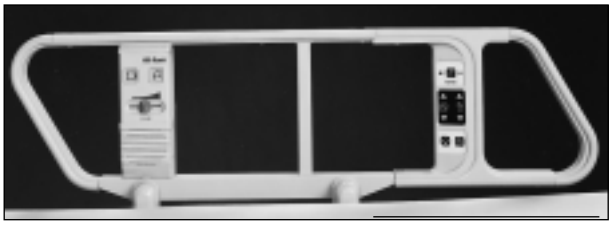
*Hi-Lo Push Button*



**MANUAL CONTROLS**

*Manual Foot Pedals*

*Knee And Head Push Button*



*Mode Selector Dial*

**NURSE CONTROL PANEL**

**HI-LO**

**For Electric:**
- Locate the Hi-Lo control on the outside of either head end siderail or at the foot end nurse control panel…
- To raise: push the G button then release…
- To lower: push the H button then release.

**For Manual:**
- Turn mode selector dial to "Hi-Lo" section…
- To raise: pump the green pedal located on either side of the bed…
- To lower: push the orange pedal on either side of the bed.

**SAFETY TIP** If the bed is occupied and unattended, the bed should stay in the low position and the mode selector dial should not be in the Hi-Lo mode.

**HEAD WITH AUTOMATIC CONTOUR**

**For Electric:**
- When head of bed is raised, the knee will automatically elevate. (Automatic contour may be eliminated by pushing up the contour lockout at the nurse control panel. See Electric Control Lockouts)…
- Locate the head control button on the inside of either head end siderails…
- To raise: push the head G button then release…
- To lower: push the head H button then release.

**For Manual:**
- No manual automatic contour control.

**SAFETY TIP** The automatic contour feature prevents the patient from gravitating to the foot end of the bed, thus reducing patient repositioning

**HEAD ONLY**

**For Electric:**
- Insure the Automatic Contour lockout control located at the nurse control panel is pushed up…
- Locate the head control button on the inside of either head end siderails…
- To raise: push the head G button then release…
- To lower: push the head H button then release.

**For Manual:**
- Turn the mode selector dial to the "Head" section…
- To raise: pump the green pedal…
- To lower: push the orange pedal.

**NOTE** A head elevation gauge located on both sides of the bed indicates the degree of head elevation.

# BED CONTROLS

**KNEE**

**For Electric:**
- Locate the knee control button on the inside of either head end siderail…
- To raise: push the G button then release…
- To lower: push the H button then release.

**For Manual:**
- Turn the mode selector dial to the "Knee" position…
- To raise: pump the green pedal…
- To lower: push the orange pedal.

**TRENDELENBURG**

**REVERSE TRENDELENBURG**

*Trendelenburg/Reverse Trendelenburg Release Handle*

**SAFETY TIP** Before lifting or lowering, make sure both Trendelenburg/Reverse Trendelenburg release handles are fully gripped and touching the bumpers.

**For Manual:**
- If necessary, raise the bed using the HI-LO Control located at the nurse control panel until bed reaches desired height…
- Grip both of the Trendelenburg/Reverse Trendelenburg handles located at the foot end of the bed…
- Lift for Trendelenburg or lower for Reverse Trendelenburg…
- To adjust for desired degrees, refer to the "Trendelenburg Angle" indicator located to the *right* on the nurse control panel…
- Release handles to lock position. Confirm locking by attempting to move the sleep surface up or down.

**To Level The Sleep Surface:**
- Grip both handles to release the sleep surface…
- Raise or lower the foot end of the bed until the "Trendelenburg Angle" indicator reads zero…
- Release handles to lock position. Confirm locking by attempting to move sleep surface up or down.

**VASCULAR**

**For Manual:**
- Grasp the foot end section of the sleep surface and lift up (two positions are available)…
- Insure the foot rack is properly engaged.

**To Level The Sleep Surface:**
- Lift the foot section to release the foot rack…
- Grasp the rack and pivot downward…
- Lower the foot section.

**CARDIAC CHAIR**

**For Manual or Electric:**
- Place the bed in 12˚ Reverse Trendelenburg…
- Manually or electrically raise the head of the bed to 60˚(See Head)…
- Manually or electrically raise the knee of the bed to 35˚(See Knee).

**To Level The Sleep Surface:**
- Manually or electrically lower the knee and head of the bed unit until flat…
- Place the bed in 0˚ Reverse Trendelenburg.

**ELECTRIC CONTROL LOCKOUTS**

**Siderail Lockout Controls:**
Located in the nurse control panel, the respective lockout function will cancel the HI-LO, KNEE, HEAD and CONTOUR electric controls.
- Push the button up – electric control is inoperable…
- Push the button down – electric control is operable.

**Patient Control Lockout Indicator:**
Located below the nurse control panel, the indicator illuminates in red when lockout controls are being used.

**Motor Power Switch:**
Located at the foot end base of the bed, this control will turn off ALL electric controls.
- Press on – electric controls are operable…
- Press off – electric controls are inoperable.

*Motor Power Switch*

**SAFETY TIP** Whenever a patient should be restricted from operating the patient controls, activate the appropriate lockout control. This is especially true for mentally compromised patients and for patients in traction.

# FEATURES

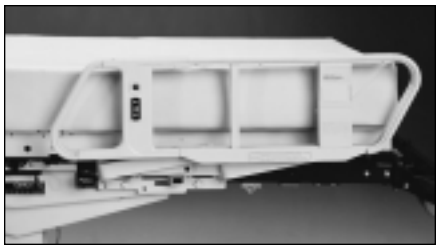
**SIDERAILS: 3 POSITIONS**

*HIGH*

**To Raise:**
- Grasp the top of the siderail and pull out from underneath the bed…
- Rotate the siderail toward the center of the bed…
- The siderail will click in place when the intermediate position is reached…
- Continue to rotate the siderail upward until the high position is reached and the siderail clicks in place…
- Tug on the siderail to insure it is fully locked.

**To Lower: (See Low/Storage)**

**SAFETY TIP** Always leave siderails in the high position when the bed is occupied and unattended. The high position provides maximum coverage for the patient.



*INTERMEDIATE*

**To Raise:**
- Grasp the top of the siderail and pull out from underneath the bed…
- Rotate the siderail toward the center of the bed…
- The siderail will click in place when the intermediate position is reached…
- Tug on the siderail to insure it is fully locked.

**To Lower: (See Low/Storage)**
**NOTE** The intermediate position can be used during C-arm interfacing.

*LOW/STORAGE*

**To Lower:**
- While pressing the black "PUSH" button…
- Grasp the top of the siderail and rotate away from the center of the bed…
- Release the "PUSH" button at either the intermediate or low position.

**To Store (TuckAway):**
- After completely lowering, push the siderail toward the sleep surface until it stops…
- Tug on the siderail to insure it is fully locked.

**SAFETY TIP** Before transferring a patient to or from the bed, place the siderails in the storage position. This position makes it easier to transfer.

**CENTRAL BRAKE AND STEER**
The brake and steer pedals are located at the head and foot ends.

*Central Brake And Steer Pedals*

**To Brake:**
- Fully press down one of the orange BRAKE pedals…
- All 4 casters will immediately lock in place.

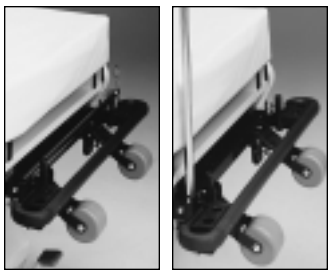
**SAFETY TIP** Test to ensure brakes are fully engaged by pushing and pulling the bed.
- To release the brake, press down the green STEER pedal until both pedals are level.

**To Steer:**
Hill-Rom recommends using the steer function when transporting a patient in the bed. It will help keep the bed tracking in a straight line and assist in turning corners.
- Press down one of the green STEER pedals. This will lock the bed's left foot end caster…
- When in steer, it is recommended the bed be pushed from the head and the steer caster is in the trailing position…
- To release steer, press down the orange BRAKE pedal until both pedals are level.

**Neutral Position:**
- Leave pedals in their level position…
- To be used when positioning a bed in a room or small enclosed area.

**SAFETY TIP** Brakes should ALWAYS be set during patient transfers and when the bed is occupied. Brakes should be periodically tested and adjusted if necessary.

**PERMANENT IV POLE**
**To Raise:**
- Grasp the stored IV pole, located at the head end and pull up…
- Before extending the IV pole, insure the pole is securely positioned in its support bracket…
- Grasp the top section of the pole and raise it to one of four positions available…
- The top section of the pole will click in place when desired position is reached.



*Stored* *Extended*
*Permanent IV Pole*

**To Lower:**
- While pulling out the release knob, manually lower the pole until it is fully down.

**SAFETY TIP** When pulling out the release knob, be sure to help guide down the top section of the pole.

**To Store:**
- Once the pole is fully lowered, lift and lower the pole…
- Place the pole in the storage clip with the hangers pointing up and down…
- To avoid interfering with patient weight accuracy, insure the IV pole is not touching the sleep surface and is fully secured in the storage clip.

# FEATURES

**INSTANT CPR**
The Instant CPR feature will override head and knee positions and return the bed to a flat position.

**To Activate:**
- Grasp the mode selector lever and rotate all the way to the left or right…
- Continue to hold the lever down until the surface is flat, if the downward force is removed from the control, the bed movement will stop…
- Release the lever when the surface is fully flat.

*Mode Selector Dial For Instant CPR*

**HEADBOARD REMOVAL**
The headboard may be used for CPR procedures or for bed extension.

**To Remove:**
- Grasp the handholes and lift straight up.

**To Replace:**
- Align the locator holes in the headboard with the mounting posts on the bed…
- Push the headboard down onto the mounting posts.

*Headboard Handholds*

**CONVERTIBLE FOOTBOARD**
**Introduction:** The convertible footboard can be used as a footboard, a transport shelf or accommodate a 15" foot extender.

**TRANSPORT SHELF/ CHARTING AREA**
The transport shelf is designed to hold up to 45 lbs. of weight.

**To Set Up:**
- Grasp the end bumper handles and push down the two black release tabs (FIG.A)…
- While holding down the tabs, slide the footboard away from the bed until fully extended…
- While fully extended, lift and pivot the footboard toward the head of the bed…
- Once in transport shelf position, pull on the shelf to insure it is locked in place…
- Use the stored securing straps to tie down equipment during transfers.

**To Store:**
- Grasp the end bumper handles and lift straight up…
- Swing footboard away from the bed and down to a level position…
- Slide the footboard toward the bed until it stops…
- Pull on the footboard to insure it is locked in place.

**SAFETY TIP** Watch for the patient's feet while placing footboard into the transfer shelf position. Insure objects on the shelf are secured prior to transport. Do not use the transport shelf to move the bed, unless the brakes are released.

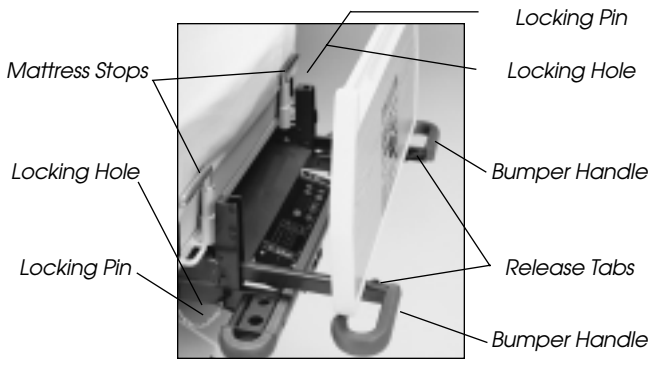



*FIG. A*

**FOOT EXTENDER**
**To Set Up:**
- Grasp the end bumper handles and push down the two black release tabs (FIG. A)…
- While holding down the tabs, slide the footboard away from the bed until fully extended…
- Locate the two mattress stops (FIG. A)…
- Pull up each mattress stop and turn until pointing toward the footboard, then release…
- Tug on the mattress stops to insure they are locked into place…
- Remove the headboard and align the holes in the headboard with the corresponding mattress stop at the foot end.

**NOTE** If using the extender pad accessory, slide the pad onto the headboard before placing the headboard onto the mattress stops.

- Slide the headboard all the way onto the mattress stops..
- Push the footboard toward the bed until the locking hole on the support bracket and the locking hole on the bed frame are aligned…
- Find the locking pins located on each side of the bed frame by the mattress stops (FIG. A)…
- Release the locking pins located on each side of the bed frame by the mattress stops (FIG. A)…
- Insuring that the two locking holes are aligned, place the locking pins through the holes to lock the extended footboard in place…
- Push on the footboard to insure the foot extender is locked in place…
- The extended footboard is ready for use.

**To Remove:**
- Remove the locking pins and place them back in their stored position (see above)…
- Pull the footboard away from the bed, and remove the headboard…
- Place the mattress stops back in their original position…
- Slide the footboard toward the bed until it stops…
- Tug on the footboard to insure it is locked in place.

# FEATURES

**C-ARM INTERFACING**

**Introduction:** The radiolucent window of the Century CC Bed is accessed from either side of the bed. It measures 21" x 38" without the scale and 20" x 37" with the scale.

**STEP ONE: BED SET-UP**

**Prior To Positioning The C-arm:**

- If attached, remove the X-ray cassette holder from the bed…(See page 10)
- Place the head end siderails in the intermediate position…
- Insure that the sleep surface is flat…
- Raise the bed to a medium high position.

**NOTE** Some smaller C-arms may result in reduced coverage especially if used with a large patient. If this occurs, either slide the mattress pad toward the head of the bed or adjust the patient toward the bedside with the C-arm.

**STEP TWO: C-ARM POSITIONING**

**After Bed Is Set Up:**

- Move the C-arm to the bed…(For proper penetration, insure the X-ray tube is placed under the bed.)
- Using the Hi-Lo control on the outside of either head-end siderail, while looking under the surface, slowly lower the bed to a comfortable working height…
- Sweep the C-arm over the patient to check coverage…
- In some cases, raising the siderail will increase penetration.

**To Remove C-arm:**

- Raise the bed to high position using the Hi-Lo control on the outside of the head-end siderail…
- Insure the siderails are in the intermediate position…
- Insure there is adequate clearance to remove the C-arm from under the bed…
- Remove the C-arm from the bed.

**IV POLE STORAGE**

Located on the lower base of the bed, the IV storage area will accommodate an IV pole or an ISS transfer pole. To store, simply push the pole into the storage clips.

**DRAINAGE BAG HOOKS**

Drainage bag hooks, two on each side, located under the mid-section of the bed, and two at each side of the foot end. They should not be used for restraint straps.

**RESTRAINT STRAP HOLDERS**

Three sections of the bed (head, thigh and foot) have provisions for restraint strap attachment. The holders are located underneath the mattress on the sleep surface pans and retract when not in use. Two additional holders are at each side of the foot end.

**HEAD ELEVATION GAUGE**

Located on each side, under the mid-section of the bed, the head elevation gauge shows the degree of head elevation up to 60˚.

**FRACTURE FRAME**

The Century CC Bed will accommodate the majority of fracture frame equipment.

# OPTIONS

**INTEGRATED AIR SUPPORT SYSTEM**

**Prevention Mode**
To be used when it has been clinically determined that the patient is at risk of developing pressure ulcers.

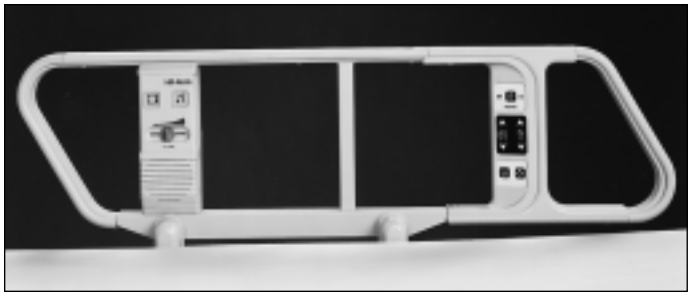
- Insure the air system power switch is turned ON…
- Turn the mode switch to PREVENTION. The surface will automatically adjust to patient movements. The comfort controls will not function when the PREVENTION switch is activated.

**Comfort Mode**
To be used when it has been clinically determined that the mattress can be manually controlled for comfort purposes.

- Turn the mode switch to COMFORT…
- Press either the FIRM or SOFT comfort switch to adjust to the desired comfort level.

If the compressor runs excessively, the yellow AIR LOSS light will flash on the mattress control panel. To correct, turn the mattress power off, then on again to reset the system. If the AIR LOSS light still flashes, call maintenance for assistance.

**NOTE** The integrated air support system upgrade kit operates in the same manner as described above.



**SIDECOM COMMUNICATION SYSTEM**
SideCom is a complete communications/control system built directly into the head end siderails. It can integrate nurse call, lighting, TV/radio, and bed controls.

**LOW LEAKAGE**
The low leakage package provides an isolation transformer and special power cord which limits electrical leakage to less than 10 micro amperes.

# OPTIONS

**SCALE**
Each control button is color coded and graphically represented. A caption appears below each button describing its function. Additional operating instructions are located on the footboard.

**ZERO**
The 000.0 ZERO button resets the scale to 000.0 prior to placing a patient on the bed.

**BED EXIT**
The BED EXIT button activates the monitoring for patient egress.

**DISPLAY**
Scale display for weight readings.

**ADJUST WEIGHT**
The ⊕ ⊖ ADJUST WEIGHT buttons are used to manually adjust patient or empty bed weight.

**LBS/KGS**
The # LBS/KGS button is used to switch to lbs.or kgs.

**WEIGH**
The WEIGH button weighs the patient.

**CHANGE ITEMS**
The △ CHANGE ITEMS button maintains patient weight when items are added or removed from the bed.

**BEFORE OPERATING THE SCALE**
For the most accuracy, follow these procedures:

**Sleep Surface Preparation**
Before placing the patient on the bed, the sleep surface must be prepared. This includes placing articles on the bed such as pillows, linens, etc. that the patient will be using. It can be helpful to place a list of these items at the bedside or on the footboard for future reference.

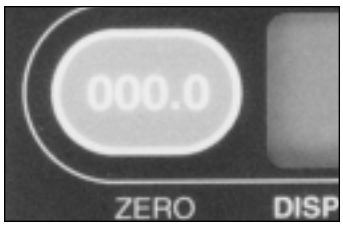
**Bed Position**
The bed should be in the same position each time the patient is weighed. The recommended bed position is:
- level sleep surface
- medium bed height
- siderails raised
- brake set

**Weight Interferences**
Insure that items such as pillows, linens, equipment on stands, etc. are not touching the head/foot board or permanent IV pole. It is important that staff or visitors do not touch the siderails or sleep surface during the weighing procedures.

**Continuous Display**
The last patient weight reading will appear continuously on the display until a new weight reading is taken.

**PATIENT WEIGHING**
Insure the sleep surface is prepared, the bed is in the correct position, and there are no weight interferences.

**Step One – Zero Scale**
Before placing the patient on the surface, the scale must be cleared of the empty bed weight.




- Press and hold 000.0, one beep will sound and the empty bed weight will appear on the display. Continue to hold the button until two consecutive beeps sound, then release…
- The display will flash 000.0 signaling the process has been activated…
- The empty bed weight will appear in the display. It is important to record the empty bed weight for future references…
- The display will flash 000.0 and two beeps will sound signaling that the bed has been zeroed.

To recall empty bed weight: Touch 000.0 until one beep sounds then release.

**Step Two – Weigh Patient**
For most accurate weight readings, the patient should be centered on the bed and lying still.

- Touch WEIGH until one beep sounds, then release…
- The patient weight will appear in the display. For LBS. to KGS., press the # button during weight display.

# OPTIONS

### CHANGING ITEMS ON THE BED

During the patient's stay, items may be added or removed from the bed. The △ button will account for the weight of the items without affecting the patient's weight. You will need to account for the items each time they are added or removed from the bed.

- Touch WEIGH to obtain most current patient weight…
- Within 10 seconds of the new patient weight display, touch the △ button until one beep sounds, then release…
- Place or remove items on the bed, a plus or minus will flash indicating the scale is waiting for further instructions…
- Touch the △ until one beep sounds, then release…
- The new empty bed weight will display for 10 seconds, then revert back to the patient's weight.

### MANUALLY ADJUSTING DISPLAYED WEIGHT

The weight of the patient or empty bed can be manually overridden, if necessary by using the ⊕ ⊖ adjust buttons. Use these buttons if an incorrect weight needs to be corrected or if the exact weight of an item is known.

**To Adjust Patient Weight:**

For example, if a patient has had a cast put on, the added weight of the cast must be accounted for. To do this, you must first record the patient's weight before the cast was put on. When the procedure is completed and the patient is back in bed, touch and release WEIGH to reweigh the patient.

- During the weight display, press and hold the appropriate adjust button, ⊕ to increase the weight reading, and ⊖ to decrease the weight reading…
- Once the correct weight is displayed, release the adjust button…
- Press WEIGH to verify the patient weight.

**To Adjust Empty Bed Weight:**

For example, the bed has been Zeroed with the patient on the bed. If the empty bed weight is known, you can adjust the empty bed weight to obtain the patient weight.

- Touch 000.0 button until a single beep sounds, then release…
- During the empty bed weight display, press and hold the appropriate ⊕ or ⊖ button until the correct empty bed weight is displayed, then release…
- The display will automatically change back to the patient's weight.

### ACTIVATING BED EXIT MONITORING

The bed exit feature will sound an alarm at the bed and, as an option, at the nurse station when a patient attempts to leave the bed.

- Press and hold EXIT button until a single beep sounds…
- The display will show "BED EXIT," "LOCAL," and if available, "REMOTE" to indicate the monitor and alarms are activated. In addition, the yellow LED bed exit monitor located below the scale controls will illuminate…
- To deactivate bed exit monitoring, press and hold the EXIT button until a single beep sounds and the display clears…
- To cancel the alarm, press any button.

### LOW BATTERY CALL

When the scale's battery power becomes low, the word "BAT" will appear in the scale's display. If the bed is interfaced to the nurse station, a nurse call will also be placed. The tone stops when the bed is plugged in.

# ACCESSORIES

### OXYGEN TANK HOLDER

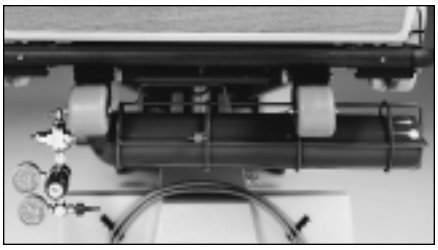
The $O_2$ tank holder will hold an "E" sized tank and can be mounted either horizontally underneath the head of the bed or vertically in any of the four IV pole sockets.

**To Vertically Mount:**

- Place the holder's mounting bar into one of the four IV sockets located at the four corners of the bed…
- Place the $O_2$ tank in the holder…
- Secure the $O_2$ tank in the holder by turning the thumb screw to the right or until it stops.

**NOTE** The vertical $O_2$ tank holder will extend the length of the bed.

**To Horizontally Mount/Store:**



- Locate the support brackets underneath the head of the bed…
- Place the holder's mounting bar into the support brackets…
- Push in the mounting bar…
- The $O_2$ tank holder should click in place…
- Place the $O_2$ tank into the holder with the regulator facing up…
- Secure the $O_2$ tank in the holder by turning the thumb screw to the right or until it stops.

**To Remove The Holder:**

- Loosen thumb screw…
- Remove the $O_2$ tank from the holder…
- Grasp the holder and move it to the right…
- Lift the holder from the support brackets.

# ACCESSORIES

**X-RAY CASSETTE HOLDER**
**Introduction:** The x-ray cassette holder allows for lower abdominal to upper chest x-rays with the head of the bed in a flat or upright position. The cassette holder accepts a 14" x 17" film cassette which can be placed in the holder either vertically or horizontally.

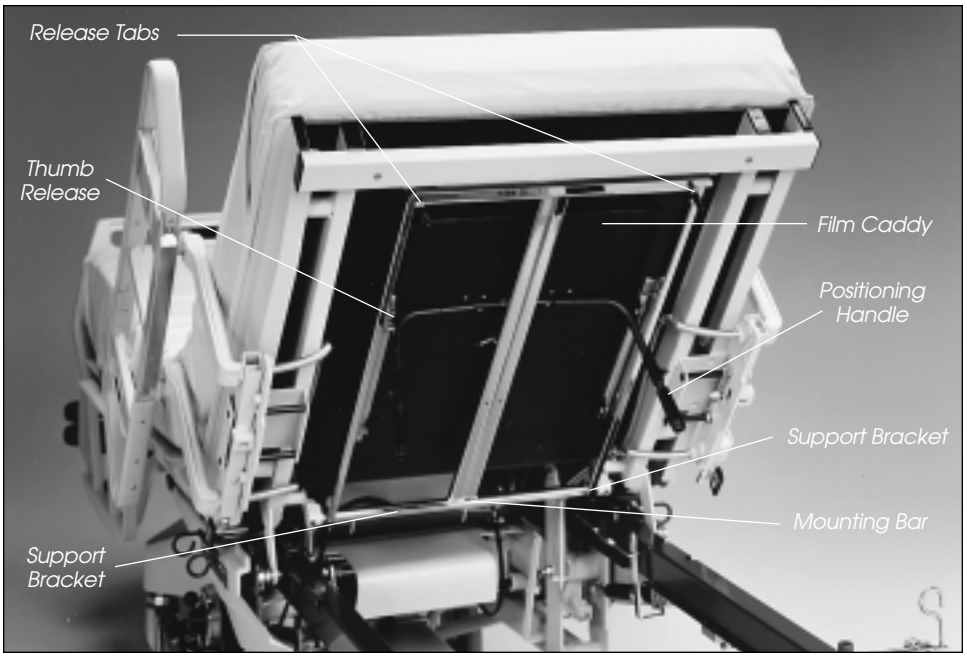



*FIG. B*

**MOUNTING HOLDER TO BED – 2 METHODS**

**Method 1 – Head Up**
- Elevate head of bed to approximately 45–60˚…
- Locate the mounting bar on the x-ray cassette holder (FIG. B)…
- Place the mounting bar into the two support brackets…
- Push in the mounting bar…
- When correctly inserted, the holder will click into place and will pivot within the support brackets.

**To Detach Holder From Bed:**
- Push the mounting bar to one side…
- Lift up the opposite side…
- Lift the holder away from the bed.

**NOTE** Remember to change the empty bed weight every time the x-ray cassette holder is removed or re-attached to the bed.

**Method 2 – Head Flat**
- Insure the head of the bed is flat…
- Raise the bed to a medium to high position…
- Locate the mounting bar on the x-ray cassette holder (FIG. B)…
- Locate the two support brackets underneath the sleep surface (FIG. B)…
- Working from either side of the bed, place the mounting bar into the two support brackets…
- Push in the mounting bar…
- When correctly inserted, the holder will click into place and will pivot within the support brackets.

**To Detach Holder From Bed:**
- Push the mounting bar to one side…
- Lift up the opposite side…
- Lift the holder away from the bed.

**SAFETY TIP** When not in use, ALWAYS secure the x-ray cassette holder to the sleep surface. Lowering the bed without securing the holder to the sleep surface can damage the holder and the bed. To secure the holder… pivot the holder up until it latches the sleep surface. Test security of holder by a gentle push or pull on the assembly after latching.

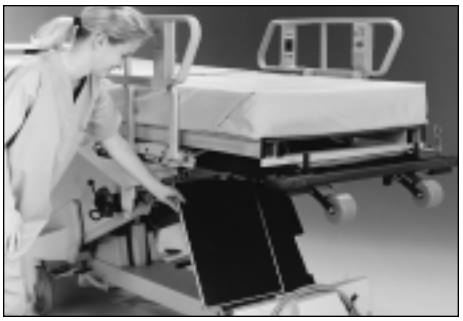
# ACCESSORIES

**X-RAY CASSETTE HOLDER:**
**LOADING FILM – 2 METHODS**

**Method 1 – Head Up**

- Locate the two black release tabs (FIG. B)…
- Release the holder from the sleep surface by grasping both release tabs and while pushing in, pull up…
- While supporting the holder, swing the form holder down (see safety tip)…
- Load the film cassette into the holder…
- Re-secure the holder to the sleep surface…

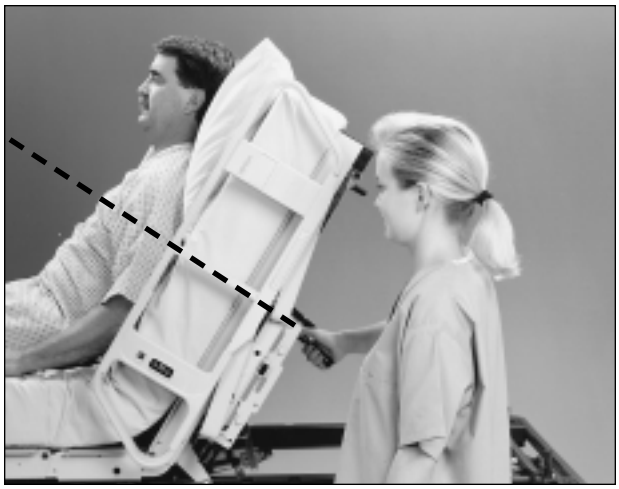
**SAFETY TIP** Use caution when releasing the film holder from the sleep surface. The film holder may cause damage if allowed to fall.



**Method 2 – Under The Surface**

- Insure the bed is at a medium to high position and the head of the bed is fully flat…
- Locate the two black release tabs (FIG. B)…
- Release the holder from the sleep surface by grasping both release tabs and while pushing in, pull up…
- While supporting the holder, bring it down until it rests on the lower bed frame…
- Working from either side of the bed, load the film cassette into the holder…
- Re-secure the holder to the sleep surface.

**POSITIONING FILM FOR X-RAYS – 2 METHODS**



**Method 1 – Head Up**

- Insure film is loaded and the holder is secured to the sleep surface…
- Grasp one of the two black positioning handles located on either side of the holder (FIG. B)…
- Press down on the positioning handle's thumb release…
- Slide the film caddy into its desired position for x-rays and release (see note)…
- The film holder will lock in place.

**Method 2 – Head Flat**

- Insure film is loaded and the holder is secured to the sleep surface…
- Working from either side of the bed, grasp one of the two black positioning handles located on either side of the holder (FIG. B) (see note)…
- Press down on the positioning handle's thumb release…
- Slide the film caddy into its desired position for x-rays and release (see note)…
- The film holder will lock in place.

**NOTE** After loading the film either vertically or horizontally into the holder, the end of the positioning handle can be used as a cursor for the middle of the film. Also, the smooth areas on top of the head or footboard can be used for patient alignment in the center of the bed.

# ACCESSORIES

**ISS SYSTEM INFUSION SUPPORT SYSTEM**
The Century CC bed comes with four standard ISS mounts located on the four corners of the bed. To utilize the ISS System, the following equipment is needed:

- A transfer pole
- An offset bar

**To Install:**

- Place the offset bar into any of the four ISS mounts…
- Push the transfer pole into the offset bar…
- To secure the system, tighten the butterfly screw on the bed and on the offset bar.

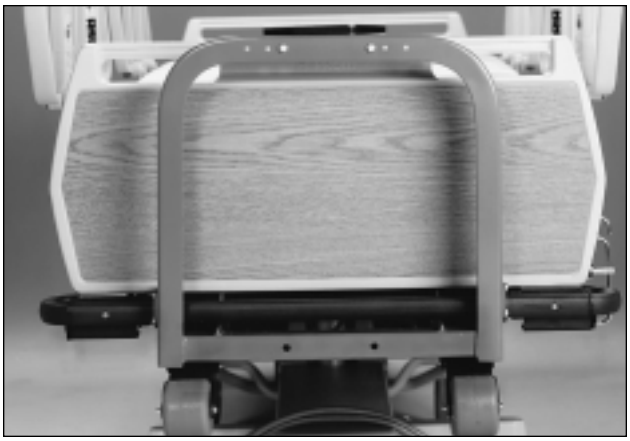
**NOTE** Insure the transfer pole and offset bar are firmly secured to each other before removing them for transfers.

**TRANSDUCER HOLDER**
Use of the ISS system is required if the Hill-Rom transducer is to be used.

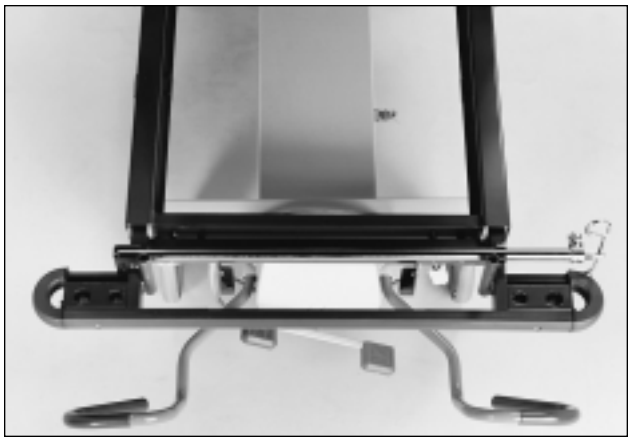
**To Install:**

- After installing the ISS transfer pole and offset bar, place the holder's metal clip directly onto the ISS transfer pole…
- Depending on specific monitoring needs, adjust for distance in relation to patient by sliding the transducer holder along the ISS transfer pole…
- When desired position is reached, firmly tighten the butterfly screws located on the metal clip…
- Place transducer onto the holder's vertical bar…firmly tighten the butterfly screws located on the extended bar.

**IV POLE**
¾" telescopic IV pole that can be used in any of the four corner sockets of the bed. The pole can be stored on the base of the bed.

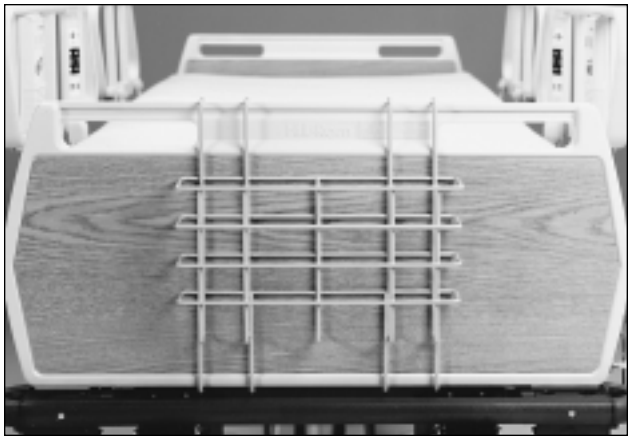


**TRAPEZE SUPPORT BRACKET**
The trapeze support bracket is mounted at the head-end frame of the bed and will accommodate the installation of trapeze equipment.



**CANE BUMPERS**
May be used with Hill-Rom Envirocare System or the Hill-Rom Horizon System to increase the bed's distance from the headwall. The cane bumpers insert into brackets located on the head-end base of the bed.

**SIDERAIL PADS**
Functions with the siderail in the intermediate or high position. Place the pads on the siderails with the padded side facing inward. The head-end siderail pads have cutouts to allow access to the electronic bed controls.



**CHARTHOLDER**
Mounts on the outside of the head or footboard. Attach the wire hooks to the top of the head/footboard and press in the lower portion of the chartholder.

# CLEANING/REMOVAL OF DYNAMICAIRE SLEEP SUFACE

## REMOVAL

To remove the sleep surface, raise the foot end of the bed frame manually and disconnect all four quick disconnect hoses and detach the strap.

To reconnect, replace mattress onto the frame with the hoses at the foot end of the bed. Insert the hoses and the strap through the bed frame and re-attach the strap and hoses.

**NOTE** Never remove the mattress from the bed frame without disconnecting the hoses and straps at the foot of the bed.

**NOTE** Before the bed is cleaned, and especially before touching any electrical components, it should be disconnected from the electrical outlet. Since the bed is electric, the excess use of cleaning fluids should be avoided.

**NOTE** Care must be taken to secure the foot section to the head section during any of the above procedures to ensure that the foot section does not drop back onto the frame while cleaning.

## CLEANING

To clean under the frame, manually lift the foot end frame until it's secure.

To clean directly beneath the sleep surface, lift the mattress from the head end of the bed.

### GENERAL CLEANING

General cleaning of the sleep surface mattress cover should be done by wiping down with a sponge or rag that has been dampened in a cleaning solution.

The cleaning solution can be any standard household cleaner. For disinfecting purposes, any phenolic or quaternary type cleaners may be used. Whatever cleaning solution is used it must be used, it must and diluted according to the manufacturer's instructions.

Clorox® brand bleach can be used for disinfecting purposes, but should not be used in concentrations greater than 1 part bleach to 10 parts water.

Care should be taken to wipe up excess cleaning solutions. Damp areas can take 15 to 30 minutes to dry.

### LINENS

Although the bottom sheet can be flat, fitted sheets are recommended. Proper sizing of fitted sheets is important to insure good retention. The best retention will be achieved if the fitted sheet extends 2 inches or more under the corners of the surface.

Magnets are used on the underside of the surface to assist in the retention of additional sheets and blankets. Better retention will be achieved if the number of layers folded under the magnets is minimized.

### CLEANING MEDICAL FLUID SPILLS

Fluid spills should be wiped up as soon as possible. Some fluids used in the hospital environment, such as betadine, will leave a permanent stain, but most will not.

Temporary stains can be removed by wiping vigorously with a rag or sponge that is wet with a standard household cleaning solution. Whatever cleaning solution is used, it must be diluted according to the manufacturer's instructions.

### CLEANING BLOOD AND EXCRETA

If possible, excess blood and excreta should be wiped up when wet, since the cleaning process is more difficult when these substances are dry and caked onto the ticking.

Cleaning of blood and excreta from the ticking can be accomplished by wiping vigorously with rag or sponge that is wet with a standard household cleaning solution.

The rag or sponge must be rinsed periodically until, after wiping, the rag or sponge shows no evidence of the substance being cleaned. Rinsing may be required five to ten times for puddled, dried blood.

A final wipe should be done using clean disinfecting solution, and a clean rag or sponge. Allow 30 to 60 minutes for the ticking to dry completely.

Whatever cleaning or disinfecting solution is used, it must be diluted according to the manufacturer's instructions.

### DAMAGE REPAIR

Repair of tears or holes in the upper mattress cover section is not recommended due to leak potential of the repair.

Tears or punctures in the air chambers can usually be repaired. A repair kit is available from Hill-Rom's Service Organization. An air chamber can withstand up to 15 typical needle punctures without significantly affecting performance.

# SAFETY TIPS

**BED POSITION**
Always leave the bed in the low position when the patient is unattended. This could reduce the possibility of patient falls and the severity of resultant injury.

**BRAKES**
Brakes should always be set when the bed is occupied and especially during patient transfers. Patients often use the bed for support when getting out of bed and could be injured if the bed unexpectedly moves. After setting the brakes, push and pull the bed sideways to insure stability.

**FLUID SPILLS**
When massive spills occur in the Siderail area or foot end of the bed, immediately:

- Clean the fluid from the bed.
- Check the bed controls (i.e. Head, Knee, Hi-Lo).
- Have the maintenance department check the internal electronics.

Fluids remaining on the electronic controls may cause corrosion, which may cause the electronic components to fail. These component failures may cause the bed to move or operate on its own at a time that may be injurious to the patient or staff.

**LOCKOUT CONTROLS**
Whenever a patient should be restricted from operating the patient controls, activate the appropriate lockout controls located in the nurse control panel at the foot end of the bed. This is especially true for patients in traction since it can prevent a patient or visitor from accidentally activating a control which would cause the bed to move and possibly result in an injury. To insure the patient's safety when unattended, place the bed in its lowest position and lockout the Hi-Lo control. Also, the mode selector dial should not be in the Hi-Lo position.

**SIDERAILS/RESTRAINTS/PATIENT MONITORING**
The Siderails should always be in a full upright position and latched when a patient is unattended. When raising the Siderails, an audible "click" should indicate that the Siderails are completely raised and locked in place.

Hill-Rom recognizes that certain healthcare situations may indicate the need for specialized Siderail configurations. In response to this need, we offer, upon request, several Siderail accessories.

Siderails are intended to be a reminder, not a patient restraining device. Hill-Rom recommends the appropriate medical personnel determine the level of restraint necessary to ensure a patient will remain safely in bed. Consult the restraint manufacturer's instructions for use to verify the correct application of each restraining device.

Whenever "high profile" patients (typically, the frail, elderly and medicated or confused) are involved, Hill-Rom recommends the following minimum actions:

1. Develop guidelines for all high profile patients that indicate:
   - Which patients may need to be restrained and the appropriate restraint to utilize.
   - The proper method to monitor a patient, whether restrained or not, including time interval, visual check of restraint, etc.
2. Develop training programs for all caregivers concerning the proper use and application of restraints.
3. Maintain the bed at its lowest position whenever a caregiver is not in the room.
4. Clarify the need for restraint devices to families or guardians.

**ELECTRICAL SAFETY**
Policies and procedures must be established to train and educate your staff on the risks associated with electric equipment. At any time, it is not prudent or necessary for personnel to have their entire body within the confines of the bed. Whenever a bed is being cleaned or serviced it should be unplugged from its power source. If service personnel need to get under the bed, the Hi-Lo portion must be blocked up as an added precaution.

**INSTANT CPR RELEASE**
The emergency head and knee release is to be used by healthcare professionals only. The mode selector lever must be continually held down in the CPR position until the bed reaches a flat position. This will insure a smooth operation and avoid delay.

**CONVERTIBLE FOOTBOARD**
When auxiliary equipment is placed on the footboard, secure the equipment with the straps provided. The weight limit of the footboard in the transport shelf position is 45 lbs. Always return the footboard to its original position after use. Check to insure proper latching by tugging on the footboard.

**FOOT EXTENDER**
When using the extender, always give a tug on the extender to insure locking. Do not place any heavy weight on the foot extender and keep in mind the additional length of the bed.

**NURSE CALL SYSTEM INTERFACE**
If proper interface between the bed and the nurse station is provided, the scale can be set to place a REMOTE call to the nurse station. With interface, the call for a scale monitoring condition is momentary and repeats until turned off at the bed scale. A call indicating a low battery is repeated every ten minutes until the bed is plugged in. Without Nurse Call interface, no call will occur in REMOTE. Consult the Nurse Call manual to verify compatibility.

**BED POSITION CHANGES**
Be certain that feet and hands are well clear of the lift arm and frame assemblies of the bed when changing bed positions, both manually or electrically.

**MATTRESSES**
The use of mattresses that are not sold by Hill-Rom may reduce the effectiveness of the safety features and systems incorporated into Hill-Rom beds.

**X-RAY CASSETTE HOLDER**
If using the x-ray cassette holder accessory, always secure the holder to the bed when not in use. This will avoid possible damage to the bed and holder.

**PREVENTIVE MAINTENANCE**
Annual preventive maintenance must be performed to insure all bed features are functioning as originally designed. Particular attention must be addressed on safety features, including but not limited to:

- Siderail latching mechanisms
- Caster braking systems
- Frayed electrical cords and components
- All controls return to off or neutral position when released.
- Controls or cabling entanglement of bed mechanisms in Siderails.
- Proper operation of the lockout function controls.

Hill-Rom®
A HILLENBRAND INDUSTRY
Batesville, IN 47006 USA • 800-638-2546
International • 812-934-8173 • FAX 812-934-7191

**DIRECT CUSTOMER SERVICE HOTLINE:**
**800-638-2546**

Hill-Rom reserves the right to make changes without notice in design, specifications, and models. The only warranty Hill-Rom makes is the expressed written warranty extended on the sale or rental of its products.
© Hill-Rom 1996

**W6074A RC596**